

**REPORT TO STATE AUDITOR OF COURT COSTS
COLLECTED BY THE CLERK OF THE CIRCUIT COURT**

To Auditor of State:

I, _____, Clerk of the Circuit Court of
_____ County, hereby certify that I have collected
the following amounts of court costs and fees payable to the State:

from _____, 20____, to _____, 20____.

Itemization	Amount
STATE SHARE OF AUTOMATED RECORD KEEPING DEFERRAL/ DIVERSION FEE IC 33-37-7-2(a)	\$
STATE SHARE OF COURT COSTS IC 33-37-7-2(a)	\$
STATE USER FEES IC 33-37-7-2(b) & IC 33-32-5-1(a)	\$
SEXUAL ASSAULT VICTIMS ASSIST FEES IC 33-37-7-2(f)	\$
JUDICIAL INSURANCE ADJUSTMENT FEES IC 33-37-7-2(j)	\$
PUBLIC DEFENSE ADMINISTRATION FEE IC 33-37-7-2(i)(1)	\$
DNA SAMPLE PROCESSING FEES IC 33-37-7-7-2(i)(3)	\$
COURT ADMINISTRATION FEES IC 33-37-7-7-2(i)(4)	\$
JUDICIAL SALARIES FEES IC 33-37-7-7-2(i)(2)	\$
WORK ZONE SAFETY FINES IC 9-21-5-11	\$
VIOLENT CRIME VICTIMS COMPENSATION FUND 75% PUNITIVE DAMAGE AWARDS IC 34-51-3-6 (c)(2)	\$
YOUTH TOBACCO EDUCATION & ENFORCEMENT FINES IC 35-46-1-10.2	\$
MORTGAGE FORECLOSURE COUNSELING & EDUCATION FEES 33-37-7-2(m)	\$
TOTAL	\$

CLERK OF THE CIRCUIT COURT _____ COUNTY

Date: _____

Due Dates: June 30th for fees collected through May 31st
December 31st for fees collected through November 30th

Make check payable to: Treasurer of State.

Mail to:
Settlement Director
240 State House
Indianapolis, IN 46204